SAN ANTONIO UNIFORMED SERVICES HEALTH EDUCATION CONSORTIUM (SAUSHEC)

Duty Hours, Scheduling, and Fatigue Management Policy

I. Purpose: To optimize the training environment for patient care, resident learning and resident well-being. The program director must ensure that stress and fatigue among residents are minimized while providing for continuity of and quality/safety of patient care and optimal resident education. Compliance with resident duty hour requirements is an important but incomplete plan for meeting these goals. It is the responsibility of the program director and supervising staff to ensure that resident education and patient and resident safety are assured at all times.

II. Duty hour policy:

A. Definitions:

Resident duty hours are defined by the ACGME as all clinical and academic activities related to the residency program, i.e. patient care (inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent on in-house activities during call, and scheduled academic activities such as conferences. Duty hours do *not* include reading and preparation time spent that is done away from the duty site, or when the resident chooses to conduct elective, personal study activities at the duty site while in an off-duty status.

B. General Requirements:

All SAUSHEC programs will be in compliance with existing ACGME duty hour policies. Certain RRCs have specific duty hour policies in which case the program will follow the duty hour policies of its RRC in addition to the ACGME and SAUSHEC policies. Duty hours for Transitional interns will be the same as for the categorical interns of the program in which they are training; i.e., when working in Emergency Medicine they will have the same duty hour limitations as Emergency Medicine interns. Residents in UTHSCSA programs will follow the duty hour policies of the UTHSCSA GMEC. Due to the intermittent and unpredictable nature of critical patient care requirements, unique GME opportunities, and the need to always insure continuity of patient care, duty hour limitations can *occasionally* be exceeded when it is in the best interest of the resident's training and/or continuity of patient care. However, duty hours may *not* be consistently exceeded and may never be exceeded just to have residents provide service.

C. Specific Duty Hour limitations (unless the Program's RRC requirements are different):

1. Residents must not be scheduled for more than 80 duty hours per week, averaged over a 4-week period. Programs can request an increase of up to 10% in duty hours for selected rotations for educational reasons, but this request must be approved by the GMEC (using the policy in the SAUSHEC GME Policy Book) and then await approval from the program's RRC.

2. Residents will on average (over a 4-week rotation) have one day (24 hours) out of seven free from all educational and clinical responsibilities.

3. In-house call (defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution) will be no more than every third night averaged over each 28-day rotation.

4. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours (30 hours total time in the facility) to participate in didactic or other educational activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

5. Adequate time for rest and personal activities must be provided. This should normally consist of a 10-hour time period provided between all daily duty periods and after in-house call. Periodically this 10-hour rest period may be interrupted if the resident is taking home call, but the intent to provide this rest period should be observed by the program.

6. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. When residents are called into the hospital from home, the time residents spend in-house are counted toward the 80-hour work-week limit. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Ensuring Compliance with Duty Hour Policy:

Each program director must develop a duty hour policy which specifies the program's system to monitor compliance with duty hour limitations within their program by ensuring that its resident schedules are consistent with duty hour policies, educating staff on the policies, performing resident surveys and/or direct monitoring of resident duty hours (as needed) and encouraging residents to notify the PD if there are any problems. Documentation of duty hour compliance in the program is generally met through a combination of scheduling, reporting/logging resident hours worked, resident interviews, and surveys. These are the mechanisms that the RRC will similarly utilize to confirm compliance.

The SAUSHEC GMEC will monitor program compliance with duty hour limitations during scheduled internal reviews of the program and by conducting a focused review of the program's duty hour compliance during the annual metric report of the program. The GMEC will also monitor program compliance through the annual SAUSHEC House Staff survey. Residents should be encouraged to report any problems to the House Staff Councils, the Ombuds, the Associate Deans or Dean for GME. Programs not in compliance must develop a correction plan and will be closely monitored by the GMEC until they are documented to meet the Duty Hour standards.

III. Scheduling policy:

A. Program Directors must:

1. When possible, attempt to create an academic year schedule such that residents will not have intense and demanding rotations scheduled back-to-back during the academic year.

2. Take measures to modify rotations as necessary such that the service demands do not interfere with the educational value of the rotation/experience. Program Directors must work to minimize the non-educational and non-physician patient care duties of residents.

3. Equitably distribute holiday duty and call among residents of the same postgraduate level, subject to patient care requirements and uncontrollable last minute requirements.

4. Ensure that call schedules are accurately kept and made available to residents. Residents should be permitted to exchange call schedules with each other as long as proper coverage is provided and advance notice is given to and approved by the appropriate chief of service and/or program director. The resident making the exchange of schedule remains responsible for coverage of that specific call until all parties (the resident exchanging call, the resident accepting the call coverage, and the responsible attending physician) are in agreement and the call schedule has been modified appropriately.

IV. Fatigue Management policy:

Each program must conduct and document annual Fatigue Management Training for residents and staff physicians.

The program's duty hour policy must specify how the program will ensure that residents and staff are educated to recognize the signs of fatigue and minimize the effects of fatigue. The policy must specify how the program director and supervising faculty will monitor residents for the effects of fatigue and the program's method of responding in instances where fatigue is becoming detrimental to resident patient care, resident education and/or resident well-being.